

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2026
NAME OF PROVIDER OR SUPPLIER Three Rivers Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 33904 Highway 63 E Marked Tree, AR 72365	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observation, interview and facility policy review it was determined that the facility failed to ensure hair restraints were consistently worn to prevent the potential for hair to contaminate resident food items in one of one kitchen observed.</p> <p>The findings include:</p> <p>During an observation on 04/14/2026 at 10:28 AM, Dietary Aide (DA) #1 was observed preparing sandwiches with a hair net covering the top part of their hair, from their ears up. There was uncovered hair out of the back of the hair net. DA #1 noticed this surveyor observing the kitchen, moved quickly to the outside door and called out to other workers requesting a hair net. DA #1 indicated they knew all their hair should have been covered by the hair net and that it had just fallen out. DA #1 indicated that the length of their hair was 28 inches long, and it should have been contained in a hair net. DA #2 was also observed preparing food into bowls during DA #2 had approximately two inches of hair hanging out on each side of their head not confined by the hair net. DA #2 reported that all their hair should have been up in the hair net.</p> <p>During an interview on 04/14/2026 at 11:00 AM, the Dietary Manager (DM) confirmed that all hair should be confined with a hair net and that extra-large hair nets were available to ensure that dietary staff with a lot of hair can keep it all put up. The DM confirmed that all staff were trained on how to keep their hair contained in a hair net and that there was a sign on the entry door explaining how to keep their hair restrained.</p> <p>During an interview on 04/16/2026 at 9:30 AM, the Administrator indicated that Dietary Staff were trained during initial hire training in the kitchen regarding wearing hair restraints, but the DM did not have the Dietary Staff sign an in-service training document.</p> <p>During an interview on 04/16/2026 at 11:22 AM, the Administrator reported that their expectation of the Dietary Staff was that all their hair should be covered while preparing food items to prevent the potential for contamination of resident food items.</p> <p>Review of a facility document titled In-Service Training dated 04/14/2026, revealed the topic of hairnets and beard guards. The document also revealed make sure all hair is under the hairnet and do not to walk through the kitchen without hair being covered. This document was signed by seven employees including DA #2 indicating they received this in-service. DA#1 signature was not on the (continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>in-service sheet.</p> <p>Review of an undated document taped to the entry door of the kitchen revealed that all employees must wear effective hair restraints in the food preparation areas. The hair restraints must be worn in a manner that prevents hair from contaminating food, equipment or single use items.</p> <p>Review of a facility Kitchen Inspection Checklist dated 04/08/2026 revealed the Registered Dietician documented a completed inspection and that hair and beard coverings were worn correctly.</p> <p>Review of a facility policy titled Employee Sanitary Practices dated 2013 revealed, the food service manager assures all of the following which included all personnel follow sanitary practices and all employees would wear hair restraints to prevent hair from contacting exposed food.</p>		